

CRITERIA FOR PRIOR AUTHORIZATION

Tecartus™ (brexucabtagene autoleucel)

BILLING CODE TYPE For drug coverage and provider type information, see the [KMAP Reference Codes webpage](#).**MANUAL GUIDELINES** Prior authorization will be required for all current and future dose forms available. All medication-specific criteria, including drug-specific indication, age, and dose for each agent is defined in Table 1 below.

Brexucabtagene autoleucel (Tecartus™)

GENERAL CRITERIA FOR INITIAL PRIOR AUTHORIZATION: (must meet all of the following)

- Must be approved for the indication, age, weight (if applicable), and not exceed dosing limits listed in Table 1.
- Must be prescribed by or in consultation with an oncologist or hematologist.
- Patient has not received previous CAR T-cell therapy.
- Patient must have relapsed or refractory Mantle Cell Lymphoma (MCL), defined as disease progression despite chemotherapy with at least 2 different agents, each with a different mechanism of action.

Table 1. FDA-approved age, indication, and dosing limits.

Medication	Indication(s)	Age	Dosing Limits
Brexucabtagene autoleucel (Tecartus™)	Treatment of relapsed or refractory MCL	≥ 18 years	2 x 10 ⁸ CAR-positive viable T cells per kg body weight

MCL = mantle cell lymphoma; CAR = chimeric antigen receptor

LENGTH OF APPROVAL: 3 months (1 infusion per lifetime). Reauthorization is not permitted.**FOR DRUGS THAT HAVE A CURRENT PA REQUIREMENT, BUT NOT FOR THE NEWLY APPROVED INDICATIONS, FOR OTHER FDA-APPROVED INDICATIONS, AND FOR CHANGES TO AGE REQUIREMENTS NOT LISTED WITHIN THE PA CRITERIA:****THE PA REQUEST WILL BE REVIEWED BASED UPON THE FOLLOWING PACKAGE INSERT INFORMATION: INDICATION, AGE, DOSE, AND ANY PRE-REQUISITE TREATMENT REQUIREMENTS FOR THAT INDICATION.**

References:

1. Tecartus (brexucabtagene autoleucel) [prescribing information]. Santa Monica, CA; Kite Pharma, Inc.: July 2020.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR_____
PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT_____
DATE_____
DATE